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EXAMINER

COBANOGU, DILEK B

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PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No. 09/988,455	Applicant(s) GRITZBACH ET AL.	
	Examiner Dilek B. Cobanoglu	Art Unit 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 27 June 2007.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-5,7-13 and 15-18 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-5,7-13 and 15-18 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date <u>11/20/01,6/27/07</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

1. This communication is in response to the amendments received on 06/27/2007. Claims 1-5, 7-13, 15-18 have been amended, claim 6 recently and claims 14, 19 and 20 had been previously canceled. Claims 1-5, 7-13, 15-18 remain pending in this application.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

3. Claims 1-5, 7-13, 15, 16, 18 are rejected under 35 U.S.C. 103(a) as being unpatentable over Peifer et al. (hereinafter Peifer) (U.S. Patent No. 5,987,519), Oba (U.S. Patent No. 5,038,800), Zaitzu et al. (hereinafter Zaitzu) (U.S. Patent Publication No. 2002/0013551 A1) and further in view of Peddicord et al. (hereinafter Peddicord) (U.S. Patent No. 6,402,691 B1).

A. Claim 1 has been amended now to recite a computerized medical diagnosis management system allowing a central operator to monitor and control predetermined number of diagnosis instruments, comprising:

- i. a central computer system comprising a data processor (Peifer; col. 3, lines 36-40);

ii. at least one data interface operatively coupled to the data processor and configured to receive data from the diagnosis instruments located at remote patient sites (Peifer; col. 3, line 66 to col. 4, line 3, col. 6, lines 37-40), wherein each diagnosis instrument is configured for displaying measurement data and/or diagnosis data on a local monitor allowing a local operator to monitor the diagnosis instrument at a patient site during a patient's examination;

Peifer fails to expressly teach displaying measurement data and/or diagnosis data on a local monitor. However, this feature is well known in the art, as evidenced by Oba.

In particular, Oba discloses displaying measurement data and/or diagnosis data on a local monitor (Oba; abstract, col. 2, lines 54-56 and fig.2).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Oba with the motivation of displaying output on a bedside monitor (col. 3, lines 12-15).

iii. a display unit operatively coupled to the data processor and configured to represent each local monitor simultaneously, wherein a number of represented local monitors corresponds to the predetermined number of diagnosis instruments, and wherein the simultaneous representations of local monitors on the display unit allow the central

operator to monitor and control the diagnosis instruments during patient examinations; and

iv. an input unit operatively coupled to the data processor and configured to allow the central operator select a diagnosis instrument from the diagnosis instruments represented on the display unit and to generate a control code for the selected diagnosis instrument (Peifer; col. 3, line 66 to col. 4, line 13), when a control instruction for actively controlling the selected diagnosis instrument is entered by the central operator through the input unit to enable active intervention by the central operator during a patient's examination;

Peifer fails to expressly teach actively controlling the selected diagnosis instrument, per se, since it appears that Peifer is more directed to a medical device interface of video and voice (Peifer; abstract and col. 4, lines 8-13). However, this feature is well known in the art, as evidenced by Zaitzu.

In particular, Zaitzu discloses an actively controlling the selected diagnosis instrument (Zaitzu; abstract, paragraphs 0018, 0019, 0057 and 0075).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Zaitzu with the motivation of the operator make

decisions (par. 0018) and correcting the errors (par. 0074 and 0075).

Peifer fails to expressly teach a display unit operatively coupled to the data processor and configured to represent each local monitor simultaneously, wherein a number of represented local monitors corresponds to the predetermined number of diagnosis instruments, and wherein the simultaneous representations of local monitors on the display unit allow the central operator to monitor and control the diagnosis instruments during patient examinations.

However, this feature is well known in the art, as evidenced by Peddicord.

In particular, Peddicord discloses a display unit operatively coupled to the data processor and configured to represent each local monitor simultaneously, wherein a number of represented local monitors corresponds to the predetermined number of diagnosis instruments, and wherein the simultaneous representations of local monitors on the display unit allow the central operator to monitor and control the diagnosis instruments during patient examinations (Pedicord; abstract, col. 2, lines 35-54, col. 4, lines 28-36).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Peddicord with the motivation of medical personnel

can monitor a number of patients at a time (Peddicord; col. 10, lines 4-15).

wherein the data interface automatically forwards the control code to the selected diagnosis instrument (Peifer; col. 3, line 66 to col. 4, line 13).

B. Claim 2 has been amended now to recite the system as claimed in claim 1, wherein the data interface is a software module configured to access the diagnostic instruments based on addressing information for each diagnostic instrument (Peifer; col. 3, lines 60-65 and col. 4, lines 8-13).

C. Claim 3 has been amended now to recite the system as claimed in claim 1, wherein the data interface is configured as an Internet interface (Peifer; col. 3, lines 44-51).

D. Claim 4 has been amended now to recite the system as claimed in claim 1, wherein the system is configured to receive data from at least two diagnosis instruments that transmit data in dissimilar formats (Peifer; col. 3, lines 40-44 and col. 3, line 66 to col. 4, line 3).

E. Claim 5 has been amended now to recite the system as claimed in claim 1, wherein the system is configured to receive data from a diagnosis instrument mounted on a mobile platform (Peifer; col. 5, lines 40-43).

F. Claim 7 has been amended now to recite the system as claimed in claim 1, wherein the system is configured to replicate an operating console of the

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diagnosis instrument in response to the control instruction (Peifer; col. 1, lines 47-59).

G. Claim 8 has been amended now to recite the system as claimed in claim 1, wherein the diagnosis management system is configured to control the diagnosis instrument in real time via user instructions delivered at the input unit (Peifer; col. 4, lines 46-56).

H. Claim 9 has been amended now to recite the system as claimed in claim 1, further comprising an acoustic input device configured to pick up a voice signal spoken at the site of the input unit of the diagnosis management system, wherein the data processor sends the voice signal to a selected medical diagnosis instrument (Peifer; col. 4, lines 24-46 and Fig. 2).

I. Claim 10 has been amended now to recite the system as claimed in claim 1, wherein the system is configured to receive image data from at least one camera installed at the site of one of the diagnosis instruments, and wherein the data interface is configured for recording the image data (Peifer; col. 4, lines 24-46 and Fig. 2).

J. Claim 11 has been amended now to recite the system as claimed in claim 1, wherein the system is configured to receive data from the diagnosis instruments in real time or to receive stored data from the diagnosis instruments (Peifer; col. 4, lines 46-56).

K. Claim 12 has been amended now to recite a computerized method for managing predetermined number of medical diagnosis instruments located at remote patient sites, comprising:

- i. receiving at a central computer system measurement data and/or diagnosis data from the remotely located diagnosis instruments in real time (Peifer; col. 3, line 66 to col. 4, line 13, col. 4, lines 57-63); wherein each diagnosis instrument is configured for displaying measurement data and/or diagnosis data on a local monitor allowing a local operator to monitor the diagnosis instrument at a patient site during a patient's examination;

Peifer fails to expressly teach each diagnosis instrument is configured for displaying measurement data and/or diagnosis data on a local monitor allowing a local operator to monitor the diagnosis instrument at a patient site during a patient's examination.

However, this feature is well known in the art, as evidenced by Oba.

In particular, Oba discloses each diagnosis instrument is configured for displaying measurement data and/or diagnosis data on a local monitor allowing a local operator to monitor the diagnosis instrument at a patient site during a patient's examination (Oba; abstract, col. 2, lines 54-56 and fig.2). Examiner considers that since the diagnosis instruments or bedside monitors are located in

an hospital or clinic environment, a local operator or a medical practitioner can monitor the instrument.

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Oba with the motivation of displaying output on a bedside monitor (col. 3, lines 12-15).

ii. Simultaneously displaying on a display unit operatively coupled to a data processor of the central computer system a number of representations of the local monitors to allow the central operator to monitor and control the remotely located diagnosis instruments during patient examinations, wherein the number of represented local monitors corresponds to the predetermined number of diagnosis instruments;

- The obviousness of modifying the teaching of Peifer to include Simultaneously displaying on a display unit of a number of representations of the local monitors, wherein the number of represented local monitors corresponds to the predetermined number of diagnosis instruments and allowing the central operator to monitor and control the remotely located instruments (as taught by Peddicord) is as addressed above in the rejection of claim 1 and incorporated herein.

iii. selecting a diagnosis instrument from the diagnosis instruments represented on the display unit for active control by the central operator

when the central operator enters an input into the data processor (Peifer; col. 4, lines 66 to col. 5, line 13);

iv. converting the entered input into a control code for the selected diagnosis instrument to enable active intervention by the central operator during a patient's examination;(Peifer; col. 4, lines 66 to col. 5, line 13);
and

v. forwarding the control code in real time from the central computer system to the selected diagnosis instrument (Peifer; col. 4, line 66 to col. 5, line 13)

- The obviousness of modifying the teaching of Peifer to include displaying measurement data and/or diagnosis data on a local monitor (as taught by Oba) is as addressed above in the rejection of claim 1 and incorporated herein.

L. Claim 13 has been amended now to recite the computerized method as claimed in claim 12, further comprising receiving data in dissimilar formats from at least two diagnosis instruments and processing the dissimilar format data for display in a standardized format (Peifer; col. 3, lines 40-44 and col. 3, line 66 to col. 4, line 3).

M. Claim 15 has been amended now to recite the computerized method as claimed in claim 12, further comprising controlling the diagnosis instrument in real time via user instructions delivered at an input unit operatively coupled to the central computer system (Peifer; col. 4, lines 46-56).

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N. Claim 16 has been amended now to recite the computerized method as claimed in claim 12, further comprising receiving an operator voice signal and sending the voice signal to the site of the selected medical diagnosis instrument (Peifer; col. 4, lines 24-46 and Fig. 2).

O. Claim 18 has been amended now to recite the computerized method as claimed in claim 12, further comprising the central computer system receiving and recording image data from at least one camera located at a diagnosis instrument site (Peifer; col. 4, lines 24-46 and Fig. 2).

4. Claim 17 is rejected under 35 U.S.C. 103(a) as being unpatentable over Peifer et al. (hereinafter Peifer) (U.S. Patent No. 5,987,519), Oba (U.S. Patent No. 5,038,800), Zaitzu et al. (hereinafter Zaitzu) (U.S. Patent Publication No. 2002/0013551 A1), Peddicord et al. (hereinafter Peddicord) (U.S. Patent No. 6,402,691 B1) and further in view of Surwit et al. (hereinafter Surwit) (U.S. Patent No. 6,024,699):

A. Claim 17 has been amended now to recite the computerized method as claimed in claim 12.

Peifer et al. fails to expressly teach the central computer system receiving stored data saved earlier locally at one of the medical diagnosis instruments and presenting the data on the display unit. However, this feature is well known in the art, as evidenced by Surwit

In particular, Surwit discloses a central computer system receiving stored data saved earlier locally at one of the medical diagnosis instruments

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(Surwit, col. 3, lines 25-32) and presenting the data on the display unit

(Surwit, col. 3, lines 50-53).

It would have been obvious to one having ordinary skill in the art at the time of the invention to have combined the communicating video, voice and medical data between a central monitoring station and a patient monitoring station with the central computer system receiving stored data saved earlier locally at one of the medical diagnosis instruments with the motivation of central data processing system to obtain and analyze the obtained patient data, and to identify medical conditions requiring medical attention (Surwit, col. 2, lines 49-52).

Response to Arguments

5. Applicant's arguments with respect to claims 1-13 and 15-18 have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

6. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

7. A shortened statutory period for reply to this final action is set to expire **THREE MONTHS** from the mailing date of this action. In the event a first reply is filed within **TWO MONTHS** of the mailing date of this final action and the advisory action is not mailed until after the end of the **THREE-MONTH** shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any

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extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.


8. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Dilek B. Cobanoglu whose telephone number is 571-272-8295. The examiner can normally be reached on 8-4:30.

9. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

10. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.



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Art Unit 3626
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